

Data Quality Issues

Complete the following form and send it to
HCFA's Quality Assurance Branch:

Mail to: QAB Branch Chief
HCFA/BDMS/OSM/DDS/QAB
N2-14-17 North Building
7500 Security Boulevard

Fax to: (410) 786-1783
attn: OSM/DDS/QAB

E-mail: DQI@HCFA.GOV

Baltimore, MD 21244

Data Quality Desk: (410) 786-2864

Date: _____

| Contact Name | Organizational Component/Address | Phone & Fax Number |
|--------------|----------------------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Circle: Medicare Medicaid

Describe issue (include date of download, version number or year of data , file name, etc...):

System and/or files affected (including years): _____

Data elements or fields affected: _____

Attachments? YES ☐ NO ☐ - If YES, please include.

Additional Remarks: _____
